

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037882

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47

FILED NOV 7 1962

Primary Registration District No. 3008

Registrar's No. 290

STATE FILE NUMBER

VS 300
Rev. 4/59

10147

20047

3

4 2

5 1

6

7 0

8 2

9446X

10

11

1293-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Mexico</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		d. STREET ADDRESS (If outside, give location) <u>803 E. Holt</u>	
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>Gilson</u> Last <u>King</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>30</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-18-1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>stockman/ janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	9. AGE (last birthday) <u>64</u>
11a. FATHER'S NAME <u>Dud King</u>		11b. MOTHER'S MAIDEN NAME <u>Luvenia King</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		12b. SOCIAL SECURITY NO. <u>[redacted]</u>	
13a. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>uremia and emaciation</u>		13b. NAME OF HUSBAND OR WIFE <u>Mrs. Vaughn King</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>chronic brain syndrome with generalized arteriosclerosis and nephrosclerosis</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Vaughn King</u>	
DUE TO (c) _____		15. INFORMANT Address <u>State Hospital No. 1, Fulton, Mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>huge decubitus ulcers</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>State Hospital No. 1</u>		
21. Deceased died from <u>12-18-1959</u> to <u>10-30-1962</u>		22. ADDRESS <u>Fulton, Missouri</u>	
22a. SIGNATURE <u>James K. Atterhues M.D.</u>		22c. DATE SIGNED <u>10/30/62</u>	
23a. BURIAL, CREMATION, or other disposition (Specify) <u>Burial</u>	23b. DATE <u>11/3/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mexico Missouri</u>
24. FUNERAL DIRECTOR <u>Garrett Green</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 31- 1962</u>	26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>

MAY 10 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____,

Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P.O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.